|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| IDENTIFY HAZARD/ ACTIVITY | PERSONS AT RISK? | WHAT ARE YOU DOING ALREADY? | LEVEL OF RISK\* SEE CHART  0,1,2,3 | FURTHER ACTION TO BE TAKEN | ACTION BY WHO? | ACTION BY WHEN? | DONE (TICK) |
|  |  |  |  |  |  |  |  |
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NAME OF CARE HOME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE ASSESSMENT WAS CARRIED OUT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF NEXT REVIEW \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ASSESSMENT CARRIED OUT BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RISK RATING | 0 | 1 | 2 | 3 |
|  | UNLIKELY | LIKELY | VERY LIKELY | CERTAIN |